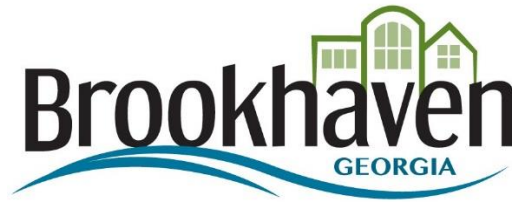


**Residential
Dumpster Parking
Application and Permit**



Department of Public Works
4362 Peachtree Rd
Atlanta, GA 30319
Phone: 404-637-0540
Email: streets@brookhavenga.gov

	Address of Proposed Dumpster:		
Property Owner	Owner's Name:		
	Address:		
	Phone:	Email:	
Dumpster Company	Company Name:		
	Address:		
	Phone:	Fax:	
	Email:		
Dumpster Information	Dumpster Parking Period <i>*Please note: dumpster parking is limited to 30 days.</i>		
	Delivery Date:		Removal Date:
	Dimensions		
	Height:	Width:	Length:
	Ten (10) feet of width of roadway left available for free movement of vehicular traffic? (yes / no)		
	Reason for Proposed Dumpster:		
Authorized Signatures	<i>Dumpster must have reflectors to alert traffic to its location or have reflective cones placed around it.</i>		
	I understand that the City of Brookhaven's Ordinance requires that I maintain 10 ft of the width of the roadway and remove the dumpster within 30 days, consistent with the City's Traffic and Public Roadways Ordinance. I further attest that this documentation and statements included in this application are true and correct.		
	Property Owner's Name:		Date:
	Property Owner's Signature:		

Please submit completed application to the City of Brookhaven Public Works Department for approval at least three (3) business days prior to dumpster delivery date. Forms may be submitted by fax, mail, e-mail or in person.

For City Use Only:	Permit #: _____
Date Received: _____	Approving Signature: _____